

City of Tucson: Important Notices for Plan Participants

Mid-Year Changes To Your Health Care Benefit Elections

IMPORTANT: After this open enrollment period is completed, generally you **will not** be allowed to change your benefit elections or add/delete dependents until next years' open enrollment, unless you have a Special Enrollment event or a Mid-year Change in Status as outlined below:

- **Special Enrollment Event:**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 31 days after your or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, or 60 days after birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.
- become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact the City's Benefits Office at benefitquestions@tucsonaz.gov or 1-520-791-4597.

- **Mid-Year Change in Status Event:**

The following events **may** allow certain changes in benefits mid-year, **if** permitted by the Internal Revenue Service (IRS) and City policy:

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the composition of coverage or curtailment of coverage of the spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event and follow all procedures outlined in the Insurance Handbook posted at www.tucsonaz.gov/enroll. Please contact the City's Benefits Office at benefitquestions@tucsonaz.gov or 1-520-791-4597 with questions. The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

HIPAA Privacy Notice Reminder

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get a copy of this Notice by contacting the City's Benefits Office at benefitquestions@tucsonaz.gov or 1-520-791-4597. For copies of the insured medical, dental or vision privacy notices, please contact CIGNA (medical/dental) at 1-800-244-6224 or Avesis (vision) at 1-800-828-9341.

Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact the City's Benefits Office at benefitquestions@tucsonaz.gov or 1-520-791-4597.

COBRA Coverage

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when qualifying events occur, and, as a result of the qualifying event, coverage of that qualified beneficiary ends. Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child. The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, **you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs.** That notice should be sent to the City's Benefits Department via first class mail and is to include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA contact the City's Benefits Office at 255 W. Alameda, 5th Floor, P. O. Box 27210 Tucson, AZ 85726-7210, benefitquestions@tucsonaz.gov, or 1-520-791-4597. **If you would like to visit us in person, please make an appointment.**

Patient Protection Rights of the Affordable Care Act

HMO MEDICAL PLAN

Designation of a Primary Care Provider (PCP):

The HMO medical plan generally requires the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, no claims will be paid. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CIGNA at 1-800-244-6224. For children, you may designate a pediatrician as the primary care provider.

Direct Access to OB/GYN Providers:

You do not need prior authorization (pre-approval) from CIGNA or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological (OB/GYN) care from an in-network health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact CIGNA at 1-800-244-6224.

HRA / HSA MEDICAL PLAN

Designation of a Primary Care Provider (PCP):

The HRA / HSA medical plans offered by the City of Tucson do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the Plan may be less for the use of a non-network provider.

Direct Access to OB/GYN Providers:

You also do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact CIGNA at 1-800-244-6224.

Medicare Notice of Creditable Coverage

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you are creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by the City are or are not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available on www.tucsonaz.gov/enroll or contact the City's Benefits Department at benefitquestions@tucsonaz.gov or 1-520-791-4597.

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the social security number (SSN) of each medical plan participant and provide that SSN on future reports that will be provided to you and also to the IRS each year. Employers are required to make at least two consecutive attempts each year to gather missing SSNs. If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security card is free. If you have not yet provided the social security number for each of your dependents that you have enrolled in the health plan, please contact the City's Insurance Benefits Office at 520-791-4597.

Medicaid and the Children's Health Insurance Program (CHIP) Notice

A CHIP Notice is provided annually by employers (like the City of Tucson) that maintain group health plans in States that provide medical assistance under a State Medicaid plan or children's health insurance program. The CHIP Notice is available at our website www.tucsonaz.gov/enroll and is reproduced below:

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –

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| ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447 | IDAHO – Medicaid Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588 | MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741 |
| ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 | INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949 | MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120 |
| ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437 | IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 | MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629 |
| COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 | KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 | MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |
| FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268 | KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084 |
| GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150 | LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447 | NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278 |

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| NEVADA – Medicaid | OREGON – Medicaid | VERMONT – Medicaid |
| Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 | Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| NEW HAMPSHIRE – Medicaid | PENNSYLVANIA – Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 | Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462 | Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647 |
| NEW JERSEY – Medicaid and CHIP | RHODE ISLAND – Medicaid | WASHINGTON – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: www.ohhs.ri.gov Phone: 401-462-5300 | Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473 |
| NEW YORK – Medicaid | SOUTH CAROLINA – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Website: http://www.scdhhs.gov Phone: 1-888-549-0820 | Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability |
| NORTH CAROLINA – Medicaid | SOUTH DAKOTA – Medicaid | WISCONSIN – Medicaid |
| Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100 | Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002 |
| NORTH DAKOTA – Medicaid | TEXAS – Medicaid | WYOMING – Medicaid |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604 | Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531 |
| OKLAHOMA – Medicaid and CHIP | UTAH – Medicaid and CHIP | |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://health.utah.gov/upp Phone: 1-866-435-7414 | |

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

CAUTION: IF YOU DECLINE MEDICAL PLAN COVERAGE OFFERED THROUGH THE CITY OF TUCSON

If choose to not be covered by one of the City's medical plan options, remember that you must maintain medical plan coverage elsewhere or you can purchase health insurance through a Marketplace (www.healthcare.gov). Americans without medical plan coverage could have to pay a penalty when they file their personal income taxes. Visit the Healthcare Marketplace at <https://www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014/> for detailed information on individual shared responsibility payment penalty. If you choose to not be covered by a medical plan sponsored by the City of Tucson at this time, your next opportunity to enroll for the City-sponsored medical plan coverage is at the next annual open enrollment time, unless you have a mid-year change event that allows you to add coverage in the middle of the City's medical plan year. Even if you enroll in coverage through the Health Insurance Marketplace, you may not drop City coverage in the middle of the plan year. Likewise, you are not able to join City insurance in the middle of the plan year in order to fulfill your requirement for having health insurance. For a list of events that would allow you to make a change in the middle of the plan year, please visit the Insurance Handbook at www.tucsonaz.gov/enroll.